

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE
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000025943 7590 12/02/2002

SCHWABE, WILLIAMSON & WYATT, P.C.
10260 SW GREENBURG ROAD
SUITE 820
PORTLAND, OR 97223

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Michelle J. Turner

(Depositor's name)

Michelle J. Turner

(Signature)

February 14, 2003

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/690,679	10/16/2000	Eric Engstrom	51003.P026	3411

TITLE OF INVENTION: MOBILE DIGITAL COMMUNICATION/COMPUTING DEVICE INCLUDING HEART RATE MONITOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640	\$0	\$640	03/03/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
SOBUTKA, PHILIP	2683	455-066000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Schwabe, Williamson &
Wyatt, P.C.

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Koucin, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Kirkland, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

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(Authorized Signature)

(Date)

Alloysius T.C. AuYeung Reg. No. 35,432 02/14/03

02/27/2003 BSAYAS12 00000048 09690679

01 FC:2501
02 FC:8001

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